

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box:

	Excellent	Good	Average	Below Average	Poor	Not Applicable
1. How well did we answer your questions about the proposed transportation project?	5	4	3	2	1	<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?	5	4	3	2	1	<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	5	4	3	2	1	<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	5	4	3	2	1	<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?	5	4	3	2	1	<input type="checkbox"/>

Comments: _____

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.	
Name: _____	Phone Number: (____) _____

To be completed by NHDOT Right-of-Way Agent

Project Number: <u>Salem Manchester 10418C</u>	Parcel Number: _____
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Called LM 11/2/05